

POSITION	ID NO.	DATE
CLASSIFIER	12	4/11/89
EXAMINER	LIA	62097
TYPIST	EPD	10-8-91
VERIFIER	11	11
CORPS CORR.		
SPEC. HAND	EPD	10-8-91
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	01
Original	07
28	14
79	48
1	1
2	2
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SYMBOLS

✓	Rejected
—	Allowed
— (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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